

1. Incident Name		2. Operational Period (Date / Time) From: _____ To: _____		MEDICAL PLAN ICS 206-CG		
3. Medical Aid Stations						
Name	Location	Contact #	Paramedics On site (Y/N)			
4. Transportation						
Ambulance Service	Address	Contact #	Paramedics On board (Y/N)			
5. Hospitals						
Hospital Name	Address	Contact #	Travel Time		Burn Ctr?	Heli-Pad?
			Air	Ground		
6. Special Medical Emergency Procedures						
7. Prepared by: (Medical Unit Leader)			Date/Time		8. Reviewed by: (Safety Officer)	
MEDICAL PLAN			ICS 206-CG (Rev 05/05)			